

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/023,584
	Filing Date	December 21, 2001
	First Named Inventor	Craig A. Rosen
	Art Unit	1647
	Examiner Name	Landsman, Robert S.
	Attorney Docket Number	1488.100000Q/HCC/LMB

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **28730**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

28730

OR

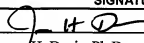
<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	James H. Davis, Ph.D.		
Date	4/21/06	Telephone	(301) 251-6039

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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